

PharmaNet Positive News

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In 2003, PharmaCare introduced the preferential Proton Pump Inhibitor (PPI) policy. The policy was developed to shift prescribing to the less costly PPI, rabeprazole.

At the time the policy was introduced, PharmaCare advised that an independent academic review of the policy would be conducted. The report resulting from the review by a joint team of researchers from Harvard Medical School and the University of Victoria was completed in March 2005 and was published in the April 2006 issue of the journal of the American Society of Clinical Pharmacology and Therapeutics, "Clinical Pharmacology and Therapeutics", a publication recognized for its peer-reviewed clinical articles.

The published report¹ comes to the following positive conclusions:

- Almost half of elderly PPI users switched to rabeprazole.
- There was no increase in the rate of discontinuation of PPI therapy, indicating that routine care was not interrupted.
- There was no increase in the rate of GI bleed or severe peptic ulcer disease leading to hospitalization, indicating that the policy is clinically safe.
- There was a 9% increase in visits to physicians coded as being related to Gastroesophageal Reflux Disease three months after the policy change, possibly due to increased follow-up of patients. The total rate of visits to physicians was unchanged.
- The policy produced substantial savings of at least \$2.9 million in patients 65 years or older in the first six months of the policy.

The PPI policy has netted savings of approximately \$7 million each year since its implementation. Policies such as this ensure the long term sustainability of the PharmaCare program as the funds saved are redirected to new drug therapies.

¹ A therapeutic substitution policy for proton pump inhibitors: clinical and economic consequences. Schneeweiss S, Maclure M, Dormuth CR, Glynn RJ, Canning C, Avorn J. Clinical Pharmacology and Therapeutics 2006 Apr 79(4): 379-88.

The use of PharmaNet is not intended as a substitute for professional judgment.
Information on PharmaNet is not exhaustive and cannot be relied upon as complete.
The absence of a warning about a drug or drug combination is not an indication that the
drug or drug combination is safe, appropriate or effective in any given patient.
Health care professionals should confirm information obtained from PharmaNet, and
ensure no additional relevant information exists, before making patient care decisions.



Drug name/strength	DIN	Correct Quantity
Etanercept 25 MG	2242903	Number of kits dispensed. Usual dosing is 1 kit = 14 days supply
Etanercept 50 MG	2274728	Number of vials dispensed (each 50mg vial is 1mL) Usual dosing is 1 vial = 7 days supply

The number of Special Services fees paid by PharmaCare over the past twelve months are:

DATE	NO. OF FEES	DATE	NO. OF FEES
Jun 2006	3,273	Dec 2005	3,957
May 2006	3,255	Nov 2005	3,775
Apr 2006	2,761	Oct 2005	3,571
Mar 2006	2,881	Sep 2005	3,454
Feb 2006	2,328	Aug 2005	3,239
Jan 2006	2,601	Jul 2005	3,046

